# EXHIBIT G

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Department of Education

[Parent Name]
Parent/Guardian of [Student Name]
[Home Address]

April 2020

Dear [Parent Name],

In the fall of 2019, your child, [Child's Name], took the Specialized High Schools Admissions Test (SHSAT) and received a score of [SHSAT Score]. This score means your child *may* be eligible to apply for the Summer 2020 Discovery program at <SCHOOL>. This rigorous academic program provides opportunities for disadvantaged students who scored just below the qualifying SHSAT score to gain admission to <SCHOOL> this fall.

#### **Eligibility Requirements for Summer 2020 Discovery**

We have confirmed that your child meets the following eligibility requirements:

- They scored just below the qualifying SHSAT score for this fall **and**
- They reside in a high-poverty area<sup>1</sup>.

To apply for this Discovery Program, your family must **ALSO** meet at least one of the following requirements:

- 1) Your family receives assistance from the Human Resources Administration (welfare or SNAP benefits);
- 2) Your child is in foster care, is a ward of the state, or is a Student in Temporary Housing as defined by McKinney-Vento (nysteachs.org/topics/mckinney-vento-eligibility);
- 3) Your child is an English Language Learner (ELL) or a former ELL within the previous 2 school years, and enrolled in a DOE school for the first time within the last four years.
- 4) Your family earns *less than* or equal to the reduced-price lunch income threshold (based on household size) in the table on the next page.

Information in NYCDOE systems indicates that your child does not meet any of the four requirements listed above. If this is correct, do not submit an application for this program—no further action is needed.

However, if your family meets at least one of the requirements listed above and you want your child to participate in Discovery, please do the following (instructions for submitting this application electronically are on the next page):

- 1. Complete the enclosed application, and
- 2. Submit your application along with documentation to your child's school counselor by Friday, May 15.

The Office of Student Enrollment will review each application together with supporting documents to determine eligibility. If the documentation provided with your application does not show that your child meets one of the four requirements listed above, your application will *not* be approved.

Participating in this program will not affect your child's high school offer (if applicable). If your child is determined eligible for Discovery, your child will keep their high school offer until they successfully complete the Discovery program.

If you have any questions, please speak with your child's school counselor. You can also call us at 718-935-2009.

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<sup>&</sup>lt;sup>1</sup> A high-poverty area is one where, per the US Census's most recent American Community Survey, at least 60% of families in your census tract live below the poverty line.

Sincerely,

The High School Admissions Team
The Office of Student Enrollment

	Reduced-Price Lunch Income Thresholds based on Household Size (USDA Food and Nutrition Service Income Eligibility Guidelines)				
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$23,107	\$1,926	\$963	\$889	\$445
2	\$31,284	\$2,607	\$1,304	\$1,204	\$602
3	\$39,461	\$3,289	\$1,645	\$1,518	\$759
4	\$47,638	\$3,970	\$1,985	\$1,833	\$917
5	\$55,815	\$4,652	\$2,326	\$2,147	\$1,074
6	\$63,992	\$5,333	\$2,667	\$2,462	\$1,231
7	\$72,169	\$6,015	\$3,008	\$2,776	\$1,388
8	\$80,346	\$6,696	\$3,348	\$3,091	\$1,546
Each Additional Family Member	+\$8,177	+\$682	+\$341	+\$315	+\$158

#### Instructions for submitting Your Summer 2020 Discovery Application with Documentation

NOTE: Please only apply if your family meets at least **one** of the four eligibility requirements listed in Section B.

1. Complete the enclosed application. In light of the current public health emergency, you can complete this application electronically, and you can submit this application and supporting documentation via email to your school counselor. Detailed instructions are below:

**Section A:** Review the completed information in this section and tell your child's school counselor immediately if anything is incorrect.

#### **Section B:**

If you don't have a printed copy of the application: Determine which of the four eligibility requirements listed in Section B your child meets (only one is necessary). Submit documentation requested below (if applicable) via email to your child's current school counselor. When you do, please include which eligibility requirement your child meets in your email message.

If you have a printed copy of the application: Choose the eligibility requirement that your child meets (only one is necessary) and submit documentation requested below (if applicable).

- □ If your family receives assistance from the Human Resources Administration, please submit a copy of one of these documents:
  - Official letter from Department of Social Services (Welfare)
  - Supplemental Nutrition Assistance Program (SNAP) benefit card

- □ If your child is in foster care, a ward of the state, or is a student in temporary housing as defined by McKinney-Vento (see <a href="https://nxx.org/topics/mckinney-vento-eligibility">nyx.org/topics/mckinney-vento-eligibility</a>) please speak to your child's school counselor or another staff member at your child's current school about your current situation.
- □ If your child is an English Language Learner (ELL) or a former ELL within the previous 2 school years, and moved to New York City for the first time within the last four years, please provide a copy of your child's most recent NYSESLAT, NYSITELL, or LAB-R score report. Score reports prior to 2018 will not be considered. If no equivalent test results are available, your child must meet one of the other three requirements listed in Section B.
- □ If **your family** earns *less than* the reduced-price lunch income threshold (based on household size) in the table above, please submit your 2018 or 2019 federal, state, or city tax return that is signed by the parent/guardian. The tax return must indicate that the student is a dependent and must also confirm your household size and household income.

**Section C**: In light of the current public health emergency, you should submit this application and documentation via email to your school counselor. When you do, please include the following text in your email message (see the email from your school counselor), and type your name below the following text in the body of the email:

I understand that I must submit documentation along with this application in order for my child's eligibility to be verified. Applications without documentation will not be considered. Applications with documentation that does not show that my child meets one of the four requirements listed in the application will not be approved.

I understand that acceptance into the participating Specialized High School, under the guidelines of the Summer 2020 Discovery Program, involves satisfactory performance for the full duration of the summer program.

In light of the current public health emergency, I have been instructed to submit this application and documentation via email and to type my name below. I understand that by typing my name below I signify that I understand and accept these terms to the same extent and effect as if I had signed my name.

**Section D** and **Section E**: Leave these blank. Your child's counselor or principal must complete and sign these sections. The Office of Student Enrollment has provided detailed instructions to your child's current school.

2. **Submit the completed application** to your child's school counselor at your child's current school by **Friday, May 15, 2020.** In light of the current public health emergency, you can submit this application and supporting documentation via email to your school counselor. When you do, please include the information mentioned above in the instructions for Sections B and C.

Your child's school counselor will submit the application and documentation to the DOE's Office of Student Enrollment. Applications submitted by the family directly to the DOE will *not* be considered. The Office of Student Enrollment has provided detailed instructions to your child's current school.



## Summer 2020 Discovery Program Application

<b>Section A: STUDENT INFORMATION.</b> Review the completed information in this section and tell your child's school counselor immediately if anything is incorrect.						
Stu	dent Name		OSIS			
Student Address						
Par	ent/Guardian Name		Home Phone			
Stu	dent SHSAT Score	Name of Discov	very Program			
	tion B: DISADVANTA h-poverty area.	AGED ELIGIBILITY. It has been pre-dete	ermined that your child attends a high-poverty sch	nool OR resides in a		
Choose the eligibility requirement that your child meets (only one is necessary) and submit documentation requested as described in the instructions for Section B (if applicable):						
0	Your family receives	assistance from the Human Resource	s Administration (welfare or SNAP benefits).			
0		er care, a ward of the state, or is a Student in Temporary Housing as defined by McKinney-Vento cs/mckinney-vento-eligibility).				
0	Your child is an Engl	glish Language Learner or a former English Language Learner within the previous 2 school years and moved to he first time within the last four years.				
0	Your family earns le	less than the reduced-price lunch income threshold (based on household size) in the USDA Food and Nutrition gibility Guidelines (www.govinfo.gov/content/pkg/FR-2019-03-20/pdf/2019-05183.pdf).				
Sec		PARENT/GUARDIAN SIGNATURE	, , , , , , , , , , , , , , , , , , , ,			
			hat I should submit this application and documen			
			ng text in my email message (see the email from y	our school counselor),		
and type my name below the following text:  I understand that I must submit documentation along with this application in order for my child's eligibility to be verified.  Applications without documentation will not be considered. Applications with documentation that does not show that my child meets one of the four requirements listed above will not be approved.						
I understand that acceptance into the participating Specialized High School, under the guidelines of the Summer 2020  Discovery Program, involves satisfactory performance for the full duration of the summer program.						
In light of the current public health emergency, I have been instructed to submit this application and documentation via email and to type my name below. I understand that by typing my name below I signify that I understand and accept these terms to the same extent and effect as if I had signed my name.						
Please review the information in the attached Discovery program letter.						
Par	ent/Guardian (Please	print)	Signature	Date		
Stu	dent (Please print)		Signature	 Date		
	tion D: SCHOOL INF	ORMATION	- I			
Cui	rrent School Name	<school name=""></school>	DBN			
Sch	ool Address	<school address=""></school>				
	nool Contact Name ease print)		School Contact Role			
Sch	nool Contact Email	ntact Email School Contact Phone Number				
Car	Section E: PRINCIPAL OR SCHOOL COLINSELOR CERTIFICATION					

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I recommend the above student for the Summer 2020 Discovery program, and certify that the information included in this application is accurate to the best of my knowledge.				
Principal or school counselor (Please print)	Signature	Date		